East Hampton Board of Assessment AppealsTo leave a message: 860-267-9262

Pursuant to C.G.S.§12-111 an application to appeal an assessment must be filed.

:This year applications must be filed on or before 2/21/2012.

All sections must be complete.

Please print or type

Application to Appeal

X

Send Applications to:
Phone# 860-267-9262 to leave messages
Town of East Hampton
Board of Assessment Appeals
20 East High Street
East Hampton, CT. 06424

Property Owner:			Grand List of: 2011 Supplemental MV 2010		List No.:
Name				Property Description:	
Address			No. & Stree	4	
City/State/Zip Phone#			Map/Block/Lo	(if available)	
Appellant:			Property type	□Residential	□Commercial □Industrial □Personal property
Address			Reason for appeal:		
City/State/Zip					
Correspondence & Contact:					
Name	•				
Address			Appellant's estimate of value:		
City/State/Zip					
Phone No.			(attach documentation of value, if applicable)		
Signature of P	roperty owner or duly authorized	agent (attach evide	ence of authorizati	ion)	Date
X					
	DO NOT WRITE B	ELOW THIS LIT	VE: BAA USE	ONLY	
Board of Assessment Appeals		Date		ïme Place	
Your appointment is:					
Appeal Summary			<u></u>		
Assessments	Grand List	ard of Assess	ment Appeals		
Land		Ĭ			
Building					
Miscellaneous			8000000		
Total		2			
Motor Vehicle					
Personal Property					
	Board	of Assessment A	ppeals: (signature	s)	

X

Date of Board's Decision: